State of Louisiana - - - Department of Social Services/OM&F

## **TEMPORARY LOAN FORM**

Section 1 Moveable Property Loan Information				
FROM	Division:		Bureau:	Location Code:
FROM				
<b>T</b> 0	Division:		Bureau:	Location Code:
<i>70</i>				
Period of Loan:		Effective date:		,
Tag Number		Make		Serial Number
17500-0				
Owning Organization Property Control Manager		Signature		Date
Receiving Organization Property Control Manager		Signature		Date
Section 2 Annual Physical Inventory Verification				
V V				
I hereby verify that the above listed loaned item(s) is in place and accounted for during the annual physical inventory. I will also submit a copy of this form with Section 2 completed with my annual physical inventory				
Packet.  Receiving Organization Signature Date				
Receiving Organization Property Control Manager		Signature		Date
Section 3 Moveable Property Return Information				
FROM	Division:		Bureau:	Location Code:
<i>70</i>	Division:		Bureau:	Location Code:
Owning On	rganization	Signature		Date
Property C	Control Manager			
	Organization Control Manager	Signature		Date
Troperty C	onuoi managei	1		